



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: PHYSICIANS MEDICAL CENTER

City of Hospital: New Albany

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Dennis Medley

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Medicare Provider Number: 15-0172

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$49862695
Outpatient Patient Service Revenue	\$149588085
Total Gross Patient Service Revenue	\$199450780

2. Deductions From Revenue

Contractual Allowance	\$147693914
Other Deductions	\$0
Total Deductions	\$147693914

3. Total Operating Revenue

Net Patient Service Revenue	\$47768928
Other Operating Revenue	\$3839604
Total Operating Revenue	\$51608532

4. Operating Expenses

Salaries and Wages	\$11062717	Employee Benefits	\$2092205
Depreciation and Amortization	\$2055276	Interest Expense	\$10793
Bad Debt	\$3987939	Other Expenses	\$25372341
Total Operating Expenses	\$44581271		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$11025215	Total Assets	\$26272901
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$11984039

Total Net Gains	\$11025215
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$68662967	\$50827077	\$17835890
Medicaid	\$22110757	\$16367267	\$5743490
Other Government	\$4710616	\$3486987	\$1223629
Other State	\$0	\$0	\$0
Other Payers	\$103966440	\$77012583	\$26953857
Total	\$199450780	\$147693914	\$51756866

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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